

**Meeting Minutes of  
The Governor's Council on Behavioral Health  
Tuesday, March 13, 2012**

The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, March 13, 2012 at Barry Hall, conference room 126, 14 Harrington Road, Cranston RI 02920.

Members Present: Richard Antonelli, Linda Bryan, Cathy Ciano, Stephanie Culhane, Sandra DelSesto, Mark Fields, James Gillen, Joseph Le, Richard Leclerc (Chair), Bruce Long, Fred Trapasi, Neil Corkery and Elizabeth Earls.

Ex-Officio Members Present: Kim Sande, Department of Children, Youth and Families (DCYF); Lou Cerbo, Department of Corrections (DOC); Charles Williams and Rebecca Boss, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH); Rhonda Schwartz, Department of Elderly Affairs and Michelle Brophy, Office of Housing and Community Development.

Guests: Denise Achin; Colleen Poselli; Leigh A. Reposa, Rhode Island Student Assistance; David Dorsey; Sarah Dinklage; Lynn Arditi, Providence Journal and Alice Woods.

Staff: James Dealy and Lisa Stevens

Once a quorum was established and introductions were made, the Chair, Richard Leclerc, called the meeting to order at 1:05 p.m. Richard entertained a motion to accept the minutes of February 9, 2012. Denise Achin motioned and Jim Gillen seconded. Richard called for a vote to approve the minutes. All were in favor, and the minutes were approved as written.

**Announcement:**

Jim Gillen announced that this year's tenth anniversary Rally 4 Recovery will be on September 15<sup>th</sup>, and asked for support to make it our best ever. Rhode Island's Rallies 4 Recovery have been nationally recognized, and in 2013, ours will be the National Recovery Hub. This reflects our ability to bring many parts of the community into a Rally 4 Recovery partnership. He asked everyone to spread the word about the Rally and to help sponsor the event. Jim hopes to spread ownership of the Rally across the many communities that it represents. He distributed sponsorship information (**Attachment**) and also noted that individuals can sponsor via direct donation at [www.rally4recovery.com](http://www.rally4recovery.com)

**Youth Suicide Prevention Program.**

Leigh Reposa, Program Manager at the Student Assistance Program's Youth Suicide Prevention Program, presented. Rich began by thanking Mark Fields for advocating for this presentation to the Council.

Lee asked whether people had specific areas of interest. There were questions about the numbers of youth suicides and about warning signs. Several members asked what was being done to work with schools and their DARE programs, especially regarding bullying and bullying-related suicides. Questions were asked about working with survivors of suicide.

Lee described the RI Youth Suicide Prevention Program, which is funded under a SAMHSA grant to the DOH, which in turn contracts with RISAP to provide services. The main goal of the SAMHSA funded programs is to reduce youth ( up to age 24) suicide attempts. Suicide is the 3<sup>rd</sup> leading cause of death among RI youth. The Grant's evaluators are Brown University and the American Foundation for

Suicide Prevention. Services are coordinated with the RISAP clinicians who are doing substance abuse prevention in four cities in as well as 30 other school districts around the State. In addition, the project collaborates with a number of other organizations who are in a position to effect youth who are at risk for suicide. Youth Pride and Young Voices provide assistance in working with youth.

The RIYSPP focuses on the six core cities in Rhode Island (Newport, Pawtucket, West Warwick, Providence, Woonsocket and Central Falls), providing Gatekeeper Training and other assistance. They have trained over 2400 adults and youth in the last 27 months. A major emphasis has been on frontline school staff and students. An important aspect of the training is to help recognize the hidden signs of suicide risk, and to understand the facts, as opposed to the myths, of youth suicide. The program also aims to reduce the stigma of suicide and let kids know they have connections with other people. The sense of being isolated from people who can help is a big factor in youth suicide. The program also talks about protective factors such as support of family, friends, consistency of adults in a child's life, medication compliance, getting good clinical care and counseling. A key to the work is to always involve the youth themselves.

The program also provides training and assistance to Gatekeepers in other settings besides schools. It will be training all the DCYF Investigators regarding exposure to trauma, significant abuse and/or neglect; sexual abuse; survivors of suicidal family members and anniversary dates. It also works with funeral directors, who are doing some great work around the bereavement process of survivors and provide follow up at the 3 month, 6 month, 9 month and yearly marks. The "Resource for Survivors" is included in every bereavement packet that gets sent out by the State. The program plans to train troop leaders for the thousands of youth involved with Boy and Girl Scouts. The Rhode Island Shelter Housing provider network has been trained in working with youth and adults, as have domestic violence advocates, after school program staff, out-patient service clinicians, behavioral specialists, Brown medical students and residents, CCRI students, faith-based organizations and law enforcement. Finally, the program is working with the President of the Police Chiefs Association to develop a single statewide protocol for investigating suicides.

Lee is also part of the Child Death Review Team, which is a multi-disciplinary team under the State Medical Examiner's Office. The Team meets once a month and usually reviews one to two child death cases. Since 2005, there has been an increase in suicide attempts by RI youth. The Team attempts to distinguish which deaths are suicides. In May the CDRT will host the Child Fatality Regional Meeting, which includes representatives from Vermont, New Hampshire, Connecticut, Massachusetts, in Newport. It will get intensive training as to how other states are dealing with this topic. Becky Boss asked about the process by which the Medical Examiner's Office codes death and distinguishes between accidental overdose vs. intentional suicide. This coding is currently being done on a case by case basis, which is why the Team is attempting to put a statewide investigative protocol in place.

Lee noted the important information yielded by the Youth Risk Survey that is administered every two years. She talked about the importance of getting communities, schools and programs to collaborate in the effort to reduce youth suicide. It is important to have communities see the benefits of collaborating in terms of shared resources, free trainings and positive visibility. These entities are asked to look at internal policies regarding response to suicide. The program will also work with schools on developing anti-bullying policies to reduce the risk of suicide.

## **Transitional Youth:**

Denise Achin, Chair of the Committee, presented the Committee's Report. The Committee was formed in August of 2009 "to investigate the transition of youth with serious emotional disorders into the adult mental health system." The Committee chose to focus on youth ages 12 through 26 who are at risk for or have behavioral health needs or disabilities. It felt that the target age group needed to start young enough for effective prevention and to extend to the age when brain development, particularly of the frontal lobe, allows for mature judgment.

The Committee's focus was on the gaps created by the disconnects between the systems that cover this age group; education, children's behavioral health and the adult behavioral health system, as well as the universe of needs particular to this group. Because of the many facets of this issue, the Committee designed its membership to reflect a broad spectrum of child-serving programs, parents and youth and spent a great deal of time gathering information. Parents, youth and all the major State agencies that serve children were represented on the Committee. State agencies, community providers, clinicians from Bradley, Gateway, Northern Rhode Island Community Services and special education personnel and others gave expert presentations to the Committee over many months of meetings. In the course of its seventeen meetings, the Committee also reviewed and discussed the available literature. The list of Committee members, informants and literature is in the Report.

The Committee noted that the problem of access to services is broader than disconnects between particular service systems. While some youth receiving, for example, special education services suffer because there are no good equivalents for them once they graduate, many others have never been identified through the special education system. The same is true of those passing from the children's to the adult behavioral health systems. Therefore, the Report calls for "A partnership within communities, youth, families, schools, government and provider agencies that improves outcomes, increases access to services and supports and promotes positive change in the lives of youth and their behavioral health needs as they transition into adult services". Global recommendations include: improved access to services for youth with mental health needs; strengthened integration of behavioral health and primary care; establishment of a Governor's Cabinet level oversight to coordinate and address the issues identified and potential solutions recommended by this report. The Committee's basic view of youth-serving systems is that they exist in silos. Rhode Island has BHDDH, DCYF, education, community healthcare, Medicaid, etc., but there is no one cohesive or unified entity that can address this age group's needs or provide oversight. As a step towards that oversight, the Committee is recommending that the Youth Transition Committee be appointed as a standing committee of the Governor's Council. The Governor's Council is being asked to review the report, provide feedback to the Committee and take action on its recommendations.

## **ROSC Committee:**

Sandra reported on the Committee's three sub-committees. The Training Committee, chaired by Becky Boss, has developed recommendations for three tiers of trainings. The Regulation Committee is scheduled to meet for the first time on March 27<sup>th</sup>. Its charge is to review current regulations in terms of how well they support recovery. The third sub-committee has focused on establishing an association for alumni of treatment programs that will support them in recovery. Judy Gorman has done a great deal of work in this area, and will host a presentation of the national One Recovery program at the full Committee meeting on March 15<sup>th</sup>. The Providence Center representative indicated that they have purchased this program, are training on it and hope to roll it out next week.

### **BHDDH Report:**

Rebecca Boss reported that the schedule for the first training of the Peer Mentors is scheduled for Friday, March 30, 2012. They are being called "Peer Wellness Coaches". There were over 50 applicants.

The Prevention Resource Center RFP has been posted and closes on March 30<sup>th</sup>. It will assist in resource training for community and school based prevention providers. The Marijuana Prevention Initiative has started up, and yesterday there was a series of trainings (the CAP trainings) around implementing the programs.

The House Finance Committee will hold its meeting on BHDDH budget the 21<sup>st</sup> of March at 1:00 PM.

### **DCFY Report:**

Kim Sande reported that Janet Anderson couldn't attend because she was at a retreat with the senior leadership staff. July 1<sup>st</sup> is the projected implementation date for the FCCP II. The IT infrastructure data and evaluation is being developed and training of all the staff has begun.

Medicaid has just begun its third round of reviews of the home-based programs, which includes the FCCP I, the first stage of the system of care, MST and other programs. The Department has done about 250 record reviews and has found that all of the programs have made progress insofar as documentation, treatment planning, assessments and clear establishment of eligibility. The new Director continues to try to increase morale within the Department. She is also focusing on social media. Some updates have been made on the website. She has also tightened up accountability within the Department. Each division has to have logs of staff activity. The Director is very invested in the community's concern about Kid's Link going away. She is looking at all avenues to keep it going.

### **Old/New Business:**

Rich reminded everyone that the Governor's Council has received the \$20,000.00 "Expanding the Vision" grant from SAMHSA. The grant is part of SAMHSA's initiative to help states integrate their substance abuse and mental health planning processes under combined behavioral health planning councils. It will provide technical assistance to the Governor's Council to make it a more effective behavioral health planning body. The Council, in turn, will provide technical assistance to other state councils.

The grant will pay for Bruce Emery, a SAMHSA consultant, to facilitate two ½ day strategic planning sessions of the Council. The first will be on our regular April 12th meeting date, and the second on either our June or July dates. The work of the sessions will be to develop a plan for producing our next Block Grant plan. A temporary Task Force will meet with Bruce before April 12 to map out an agenda for the full meetings. Cathy Ciano, Rich Leclerc, Ann Mulready, Charles Williams, Liz Earls, Neil Corkery and Jim Dealy will be on the Task Force.

Jim has written a draft of our Annual Report. He asked Council Members to review, edit as needed and point out any issues that may have been neglected, and to please get their comments back to him as soon as possible. The Council will have a chance to review and discuss the Report at the May meeting, after which the approved report will go to the Governor and Legislature.

It was noted that there has been a call to cut the funding for the CBC homes program. The requested cut is coming at an extremely bad time, because, combined with other cuts, it will decrease the amount of money for services while at the same time increasing the number of children needing these services.

Linda raised a number of concerns about service cuts to the DD population. She requested that a presentation be made at a Council meeting in the near future by Director Stenning and/or some of the DD providers so the Council really understands what is going on with the budget cuts to the DD agencies.

On March 20<sup>th</sup> DCYF's Budget Hearing is being held and some of the services set for funding cuts are the YESS Program and some of the other services that are specific for the youth aging out of DCYF care. This will decrease the services that help bridge them into adulthood and abandon them at a very vulnerable time in their lives.

Upon motion being made and seconded, the meeting adjourned at 2:45 p.m.

The next meeting of the Council is scheduled for **8:30 AM on Thursday, April 12, 2012 at Barry Hall room 126, 14 Harrington Road, Cranston RI 02920.**

Minutes respectfully recorded and written by:

Linda Harr

/attachments